

FORSYTH TOBACCO PRODUCTS
(A Division of R. J. Reynolds Tobacco Company)

RETAIL FEATURE PROMOTION PROGRAM
PLAN B

Forsyth Tobacco Products Retail Promotion Program provides an allowance for Retailers that promote Forsyth's black and white and private label cigarettes by effectively communicating price information to the consumer and effectively positioning such cigarettes in the retail store. Terms and conditions for participation in the program and qualification for payment are specified below.

Forsyth Tobacco Products will pay a qualifying Retailer \$.50 per carton for each carton of Forsyth's black and white and private label cigarettes purchased by Retailer for resale to consumers. Payments will be made after the end of each calendar quarter.

Terms and Conditions

1. Retailer must: (a) feature in the retail store consumer price information for Forsyth cigarettes, and (b) provide Forsyth cigarettes with a preferred, advantageous in-store position. Price information and product positioning have to be approved by RJRT Sales Representative.
2. To qualify for payment Retailer must maintain approved price information and product positioning at all participating stores throughout the period for which payment is to be made.
3. Payments will be made at each individual store at the time of call by RJRT Sales Representative. To receive payment, retailer must submit supporting proof of purchase to RJRT Sales Representative for review. Proof of purchase may consist of:
 - original wholesale sales summary sheets
 - original wholesale invoice
 - original scanner data
- No payment will be made if supporting proof of purchase is inadequate.
4. No payments may be deducted from Forsyth Tobacco Products or RJRT invoices. Forsyth Tobacco Products may modify or terminate this program at any time.

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Retailer identified below agrees to participate in the Forsyth Tobacco Products Retail Promotion Program and accepts the Program's terms and conditions. Please submit payments to:

Retailer Name Shelby's
Address 36 Newburgh RD
HACKETTS FORD

RJR Account No. _____
(Headquarter SIS Number or Independent SIS No.)

of Stores Participating 1

Effective date: 3/1/92

Authorized Signature of Retailer [Signature]

RJR Representative _____

Date Feb 18 1992

Is Retailer Incorporated? Yes ☒ No ☐ If no, complete the following:

Federal Employer I.D. Number/Name _____
(If Partnership)

OR
Owner's Social Security Number/Name _____
(If sole proprietor)

Add
402530

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